PTO/SB/06 (08-00)

Approved for use through 10/31/2002. OMB 0651-0032
U. S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. Application or Docket Number PATENT APPLICATION FEE DETERMINATION RECORD CLAIMS AS FILED - PART I **SMALL ENTITY** SMALL ENTITY (Column 2) (Column 1) NUMBER FILED NUMBER EXTRA RATE FEE **RATE** FEE \$740.4 BASIC FEE OR \$ (37 CFR 1.16(a)) TOTAL CLAIMS minus 20 = OR (37 CFR_1.16(c)) INDEPENDENT CLAIMS minus 3 = OR (37 CFR 1.16(b)) MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d)) OR 140,40d TOTAL TOTAL OR * If the difference in column 1 is less then zero, enter "0" in column 2 OTHER THAN CLAIMS AS AMENDED - PART II SMALL ENTITY SMALL ENTITY (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST ADDI-ADDI-REMAINING NUMBER PRESENT RATE TIONAL RATE TIONAL AMENDMENT AFTER **PREVIOUSLY EXTRA** FEE FEE AMENDMENT PAID FOR OR Total = Minus x S (37 CFR 1.16(c)) OR Independent *** Minus (37 CFR 1.16(b)) OR (37 CFR 1.16(d)) FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM OR TOTAL TOTAL OR ADDIT. FEE ADDIT. FEE (Column 1) (Column 3) (Column 2) **CLAIMS** HIGHEST ADDI-ADDI-REMAINING PRESENT NUMBER **RATE** TIONAL TIONAL **RATE** AMENDMENT **AFTER EXTRA** PREVIOUSLY FEE FEE AMENDMENT PAID FOR OR Total (37 CFR 1.16(c)) Minus OR Independent Minus OR (37 CFR 1.16(b)) FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR TOTAL TOTAL OR ADDIT. FEE ADDIT. FEE (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST ADDI-ADDI-REMAINING NUMBER PRESENT RATE TIONAL TIONAL **RATE** AMENDMENT AFTER **PREVIOUSLY EXTRA** FEE FEE AMENDMENT PAID FOR OR Total (37 CFR 1.16(c)) Minus = x \$ OR Independent Minus (37 CFR 1.16(b)) OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR TOTAL TOTAL OR • If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ADDIT. FEE ADDIT. FEE ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". ••• If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column².

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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PATENT APPLICATION FEE DETERMINATION RECORD Effective December 29, 1999												
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMAL TYPE	L ENTITY	OR	OTHER THAN OR SMALL ENTITY	
FOR			NUMBER FILED		1	NUMBER EXTRA		RATE	FEE	1	RATE	FEE
BASIC FEE									345.00	OR		690.00
TOTAL CLAIMS			/2 minus 20=			= *		X\$ 9=	=	OR	X\$18=	
INDEPENDENT CLAIMS			/ minus 3 =			*		X39=		OR	X78=	
MULTIPLE DEPENDENT CLAIM PRESENT								+130=		OR	+260=	200
* If the difference in column 1 is less than zero, enter "0" in column 2								TOTA		OR	TOTAL	G(7)
CLAIMS AS AMENDED - PART II										OTHER THAN		
(Column 1) (Column 2) (Column 3)							SMAL	L ENTITY	OR.	SMALL		
AMENDMENT A	\mathcal{B}	REM Al	IAINING FTER NDMENT		N PRI	UMBER EVIOUSLY AID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE	\	RATE	ADDI- TIONAL FEE
	Total	* /	//	Minus	**	20	=	X\$ 9-	1	OR	X\$18=	
	Independent	*	./	Minus	***	3	=	X39=		OR	X78×	
	FIRST PRESE	NIAIIC	JN OF MI	JLIIPLE DEF	PEND	ENT CLAIM		+130=		OR	+260=	
								TOTA ADDIT. FE		OR	TOTAL ADDIT. FEE	
			umn 1)			olumn 2)	(Column 3)	700H. į 1			7.0011.1 22	
AMENDMENT B		REM A	AIMS IAINING FTER NDMENT		N PRI	IIGHEST IUMBER EVIOUSLY AID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*		Minus	**		=	X\$ 9=	:	OR	X\$18=	
	Independent FIRST PRESE	*		Minus	***	TNIT OL AINA	=	X39=		OR	X78=	
	FINST PRESE	·		OLTIPLE DEI	PEND	ENT CLAIM		+130=		OR	+260=	
							TOTA ADDIT: FE		OR	TOTAL ADDIT. FEE		
			umn 1)			olumn 2)	(Column 3)					
AMENDMENT C	Toppy	REM A	AIMS IAINING FTER NDMENT	\$ 1.5°	PRI	IGHEST IUMBER EVIOUSLY AID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*		Minus	**		=	X\$ 9=		OR	X\$18=	
	Independent	*		Minus	.***		= .	X39=	 	OR	X78=	
	FIRST PRESE	N FATIO	ON OF M	ULTIPLE DE	PEND	ENT CLAIM	·	100				
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	If the entry in colu	mn 1 is	less than t	he entry in colu	umn 2,	write "0" in co	lumn 3.	+130= TOT/		OR	+260= TOTAL	
**	If the entry in colu If the "Highest Nu If the "Highest Nu The "Highest Nun	mber Pr mber Pr	eviously Pareviously P	aid For" IN THI aid For" IN TH	IS SPA IS SPA	CE is less tha CE is less tha	ın 20, enter "20." an 3, enter "3."	TOTA ADDIT. FE	AL EE	OR	TOTAL ADDIT. FEE	

Application or Docket Number